PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

SONXIP 3.0-318

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			il-					=	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC		375.00		BASIC FEE	750.00
the second second second			11				DASIC		373.00	OR		
TO	TAL CHARGEA	BLE CLAIMS	, ,	us 20=	*25	27		=		OR	X\$18=	450
INDEPENDENT CLAIMS			/ 3 minus 3 = 1*/			1U		=		OR	X84=	840
MULTIPLE DEPENDENT CLAIM PRESENT							+140	=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	TOTA	۱L		OR	TOTAL	2040
CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)		(Colur		(Column 3)	SMA	SMALL ENTITY			SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	ì	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X42:	=		OR	X84=	
	HINST PRESE	NTATION OF M	ULTIPLE DEF	'ENDEN	CLAIM	Ш	+140	=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT. F	CC			ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RAT	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X42:			OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		+140				+280=	
								= 「AL	/	OR	TOTAL	
							ADDIT. F			OR	ADDIT. FEE	
		(Column 1)		(Colui		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT			BER OUSLY	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=]		OR	X\$18=	
	Independent	*	Minus	***		=	X42=				X84=	<u> </u>
	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT		T CLAIM			_		OR	07-	
	If the entry in anti-	mn 1 in lass thr = t	ha anturia ast		- "O" !	duma 2	+140			OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
		imber Previously P nber Previously Pa							propriate bo	x in co	lumn 1.	